

2B
3B
5B
7

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1995

Application or Docket Number

63 0353

CLAIMS AS FILED - PART I

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	13	minus 20 = * 1
INDEPENDENT CLAIMS	4	minus 3 = * 1
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

Claims

Are misnumbered

OTHER THAN
SMALL ENTITY

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE		RATE
	375.00	750.00
x\$11=		x\$22=
x39=		x78= 78
+125=		+250=
TOTAL		TOTAL 828

CLAIMS AS AMENDED - PART II

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE		ADDI- TIONAL FEE
x\$11=		x\$22=
x39=		x78=
+125=		+250=
TOTAL		TOTAL ADDITIONAL FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x\$11=		x\$22=	
x39=		x78=	
+125=		+250=	
TOTAL		TOTAL ADDITIONAL FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x\$11=		x\$22=	
x39=		x78=	
+125=		+250=	
TOTAL		TOTAL ADDITIONAL FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 8-28-96

2 Serial/Patent # 08/630383

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing				9/1/96 \$ 39.00
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ 39.00	
10 REASON:		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Treasury Check		
<input type="checkbox"/> Duplicate Payment		<input type="checkbox"/> Credit Deposit A/C #:		
11 REFUND REQUESTED BY:		9		
TYPED/PRINTED NAME: S. Ahmed		TITLE: L.I. Ex.		
SIGNATURE: <u>S. Ahmed</u>		PHONE: 308-1172		
OFFICE: <u>OPR</u>		*****		
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>Walter Johnson</u>		DATE: 8-30-96		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B